

**CONTINUUM OF CARE REFORM (CCR) PROJECT BRIEFING
PRELIMINARY RECOMMENDATIONS v9.17.13 4:17pm**

Recommendation	Consensus (Y/N)	Consistent with CWDA/Alliance Proposal	Mechanism for Implementation	Implementation Considerations
PROGRAM				
Group Home Core Services Steering Committee member have agreed to seven core services that all group home providers would be required to have available to youth and families. The seven core services are: <ul style="list-style-type: none"> • Child & Family Teams; • Intensive Treatment; • Community Services & Supports; • Establishing Permanent Connections; • Health Support; • Education Support; • Transition Support 	Y	Consistent with CWDA/Alliance Proposal in identifying core services, however, terminology varies slightly. CWDA/Alliance includes “on-going family support” as a core service but do not include “Health Support” or “Transitions” as core services.	2014 Legislative Proposal with a January 1, 2016 effective date.	<ul style="list-style-type: none"> • Ensure access to EPSDT eligible services for CCR group homes; • Establish program statement requirements to ensure compliance; • Establish monitoring and oversight mechanisms; • Need for capacity building/program expansion • New mandate • Modification of existing Program Statement Guides • Does not address all populations currently in GH care (e.g., Dual agency, medically fragile or shelters)
Group Home Staff Qualifications Steering Committee members have agreed on the minimum age and education/experience requirements for Group Home Child Care Workers. At the request of the Steering Committee, CDSS has developed qualification requirements for Group Home Peer Partners and Volunteers. These qualification will be reviewed and discussed at the 10/9 Steering Committee meeting.	Y	N/A - Not addressed in CWDA/Alliance Proposal	Administratively through existing regulatory authority.	<ul style="list-style-type: none"> • Should existing staff be grandfathered in? • What is best mechanism to maximize IV-E for provider training? • Should we standardize provider training through an approved vendor or vendors similar to our Regional Training Academy System?
FFA Core Services Stakeholders have agreed on the need for treatment and non-treatment foster family agency homes that provide a core set of services and supports to children, youth and families in family-based settings with specially selected, trained and supervised caregivers. Roles, qualifications, and trainings have been identified for both the agency and caregiver and will be vetted for consensus at the 10/9 Steering Committee meeting.	N – Awaiting Consensus at 10/9/13 Steering Comm. Mtg	Consistent with CWDA/Alliance Proposal in the expanded role of FFAs under CCR. CWDA/Alliance Proposal does not include the need for specialized FFA homes for emergency placements and sibling groups.	2015 Legislative Proposal	<ul style="list-style-type: none"> • Integration with key initiative including Katie A. TFC, Resource Family Approval, QPI

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Accreditation Stakeholders have considered the pros and cons of national accreditation and have recommended that all private non-profit foster care providers be accredited by a national accrediting agency. This recommendation will be discussed at the 10/9 Steering Committee meeting.	N – Awaiting Consensus at 10/9/13 Steering Comm. Mtg	Consistent with CWDA/Alliance Proposal.	Potential 2014 Legislative Proposal with a January 1, 2016 effective date.	<ul style="list-style-type: none">• Should implementation start with CCR group homes and then FFAs or should all be implemented at one time?• What is the timeframe allowed for agencies to become accredited?• How will accreditation be funded?• Requirement of licensure?• What happens if an agency doesn’t meet accreditation standards?• CWC also addressing this topic• Potentially discourages small providers who serve specialized populations																						
Assessment Stakeholders have identified key domains required of an assessment process that identifies the needs and strengths of youth and families and matches those to the appropriate services, supports and placement setting. Counties will have flexibility in determining which assessment tool to use, as long as that tool contains the key domains. <table><tr><td></td><td>Domains</td></tr><tr><td rowspan="7">Caregiver</td><td>Substance Abuse</td></tr><tr><td>Household Relationship</td></tr><tr><td>Social Support System</td></tr><tr><td>Parenting Skills</td></tr><tr><td>Mental Health/Coping Skills</td></tr><tr><td>Cultural Identity/Primary Language</td></tr><tr><td>Strengths/Needs</td></tr><tr><td rowspan="11">Child</td><td>Emotional/Behaviors</td></tr><tr><td>Physical Health/Disability</td></tr><tr><td>Education</td></tr><tr><td>Family Relationships</td></tr><tr><td>Child Development</td></tr><tr><td>Substance Abuse</td></tr><tr><td>Cultural Identity/Primary Language</td></tr><tr><td>Peer/Adult Social Relationships</td></tr><tr><td>Delinquent Behavior</td></tr><tr><td>Trauma</td></tr><tr><td>Strengths/Needs</td></tr></table>		Domains	Caregiver	Substance Abuse	Household Relationship	Social Support System	Parenting Skills	Mental Health/Coping Skills	Cultural Identity/Primary Language	Strengths/Needs	Child	Emotional/Behaviors	Physical Health/Disability	Education	Family Relationships	Child Development	Substance Abuse	Cultural Identity/Primary Language	Peer/Adult Social Relationships	Delinquent Behavior	Trauma	Strengths/Needs	N – Awaiting Consensus at 10/9/13 Steering Comm. Mtg	Not entirely consistent. CWDA/Alliance Proposal adds the following: <ul style="list-style-type: none">• Ties assessment to payment• Includes EPSDT recognized MH assessment	Administratively through existing regulatory authority.	<ul style="list-style-type: none">• Who should administer the assessment?• CWC also addressing this topic and is recommending use of one tool.
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PERFORMANCE MEASURES & OUTCOMES				
Performance Measures & Outcomes PMO workgroup has developed outcome and performance measures for 4 of the 6 recommended domains. The domains are: <ul style="list-style-type: none"> • Safety • Stable and Permanent Connections • Health • Education • Life Skills • Engagement and Satisfaction 	Domains 1-4 have received consensus. Work continues on domains 5-6.	Responsibility of CDSS and DHCS to monitor safety permanence and well-being measures identified within the CWDA/Alliance proposal. Current draft defers specific outcome and performance measures to CCR PMO Workgroup.	Administratively through existing regulatory authority.	<ul style="list-style-type: none"> • For the vast majority of outcome and process measures identified by the PMO workgroup, data elements exist within CWS/CMS to track county and provider performance. GH and FFA providers have unique ID numbers within CWS/CMS to facilitate tracking by entity. Certified FFA homes, as they exist today, do not, CDSS capacity for tracking performance for individual certified homes may be limited at the time of proposed implementation. • Data exchange agreements pending with CDE will facilitate a significantly expanded array of academic performance indicators for use in tracking foster youth educational progress. A random sampling of CWS/CMS data for health services suggests that FFAs and GHs are currently performing well on selected health performance indicators.
Satisfaction Survey The PMO workgroup vetted the Youth Satisfaction Survey (YSS) series for efficacy against other existing instruments, and determined that a modified (i.e. condensed) version of the YSS could be used as a periodic gauge. A version was developed, vetted and endorsed by the Program Workgroup and the CYC. Testing of an online version by a volunteer GH provider is set to begin October 1.	N – Awaiting Consensus at 10/9/13 Steering Comm. Mtg	No specific mention of child/family satisfaction in the CWDA/Alliance Proposal.	To be determined. SB 1013 provides authority to develop recommendation.	<ul style="list-style-type: none"> • CDSS staff contemplate providing a web-based survey instrument, and posting results initially on an extranet site maintained by CDSS, and accessible for the first 6-12 months by counties and providers, and subsequently to the general public. • Some county MH plans require Youth Satisfaction Survey (YSS). Need to explore option of blending surveys.
Transparency in Provider Performance Following development of a set of approved outcome/performance measures and an approved satisfaction survey instrument, CDSS will develop the content, format, and data sources for reports to be posted by CDSS on a public website describing the outcomes achieved by providers with foster care rates set by CDSS.	N – Awaiting Consensus at 10/9/13 Steering Comm. Mtg	Not addressed in the CWDA/Alliance Proposal.	Administratively through existing regulatory authority.	CDSS contemplates a phased implementation of a web-based dashboard, with access limited to CDSS, counties and providers for a predetermined period following adoption and implementation of key reform provisions, followed by full access to the general public.

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FISCAL				
Group Home Funding Proposed methodology will calculate a Basic Rate (IV-E – Admin & Maint) tied to a level of care increment linked to a child’s intense needs, and: <ul style="list-style-type: none">Includes a factor for the child care supervision ratio based on level of care assessmentAssumes certain core service functions are allowable (i.e., CFT advances the case plan)Includes county matchIncludes other funds for non-fed childrenIncludes other funds for services (STOP, specialized care) Items yet to be determined. <ul style="list-style-type: none">What other cost drivers need to be accounted for in the rate?Will the rate cover:<ul style="list-style-type: none">Wages for the increased minimum qualifications for group home staff?Increased training requirements for group home staff?Cost of accreditation?	N – Awaiting Consensus at 10/9/13 Steering Comm. Mtg	Consistent with CWDA/Alliance Proposal: <ul style="list-style-type: none">Promotes a base rate with levels of care incrementAccounts for the ability to access Mental Health funding in addition to the rateRBS fiscal model is promoted	To be determined. SB 1013 provides authority to develop recommendation.	<ul style="list-style-type: none">Access to EPDST is critical for providersSome core services may be outside of rate and subject to county choice to provide or contract [e.g., family finding] with a provider or a network of providers
FFA Funding Will be developed once GH funding is finalized.				